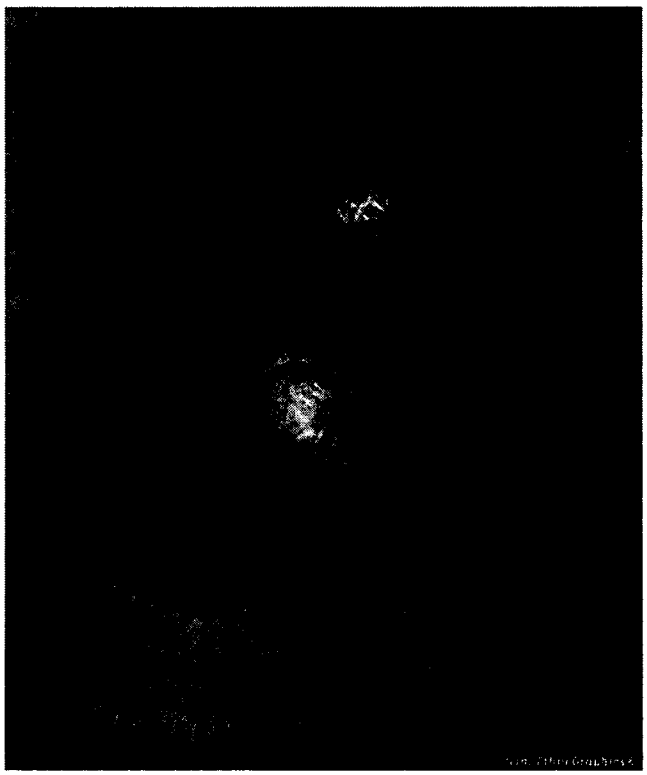
Foster Care Reform Planning Committee

A BLUEPRINT FOR EXCELLENCE IN THE DELIVERY OF CHILD PROTECTIVE SERVICES

DELAWARE
September 2003



DEDICATION

Shirley A. Cupery

April 11, 1932 - July 3, 2003

This report is dedicated to the memory of Shirley A. Cupery, who for more than thirty years served as an outstanding advocate for children, volunteering her time, services and energy. Her numerous community assignments in the area of child welfare included the following: Chairperson of the Delaware Child Placement Review Board since its founding in 1979; Chairperson and Co-Chairperson of the Division of Family Services Advisory Council for the past ten years; Chairperson of the Board of the YMCA Resource Center and YMCA from 1993 to 1996; helping to found Prevent Child Abuse Delaware and serving on its Board; and serving on the Sentencing Dispositional Guidelines Committee for Juveniles, as well as numerous other ad hoc committees and task forces.

Ms. Cupery was also committed to quality education for Delaware's children, serving the state and national Parent and Teacher's Association (PTA) for the more than 30 years. She served as President of Delaware's PTA during the desegregation era, providing a calm, constructive influence. She has held several leadership roles with the national PTA.

Included in the numerous awards that Ms. Cupery received are the National Conference of Christians and Jews Citation for Outstanding Community Service (Delaware Region) in 1989, the Governor's Outstanding Volunteer Award in 1995, and the Delaware State Education Association's Helen D. Wise Award in 1988.

In addition to her volunteer efforts, Ms. Cupery was deeply devoted to her family who supported and inspired all her social activism. Ms. Cupery was highly respected, revered and admired by her colleagues. It is only fitting that this report is dedicated to her memory.

Members of the Foster Care Reform Planning Committee

Daniel Atkins, Community Legal Aid Society, Inc.
John Bates, Division of Family Services
Truman Bolden, Division of Family Services
Gregory Busch, Foster Care Parent
Paul Calistro, West End Neighborhood House
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Janice Mink, Grassroots Citizens For Children
Eliza Patten, Skadden Fellow/Staff Attorney, Community Legal Aid Society, Inc.

We would also like to thank the community members, foster families, and children who participated in the Committee-hosted forums, retreats, and focus groups.

**deceased*

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I. Executive Summary

This report is but the latest step in the process of moving towards a Delaware Child Protection System of Care, targeted at children and families who have an open case with the Division of Family Services (DFS), that can be considered excellent, effective, efficient, and responsive. The Foster Care Reform Planning Committee hosted two forums, conducted focus groups for foster parents, foster children, DFS social workers, and held two statewide retreats with wide participation among stakeholders, receiving input, information and recommendations. This feedback is the basis for this Report.

We know that Delaware is substantially in compliance with all seven systemic factors which the federal government has established to attempt to measure how well children are faring across the state systems designed to protect them. We congratulate the many people involved in achieving this important task. However, Delaware, like many states, failed six of the seven federally-determined outcome measures. Significantly, the state fell far short of adequately assessing families' needs. A program improvement plan has been established and submitted to the federal reviewers. We additionally recognize the progress initiated by the Governor's Task Force in improving recruitment, retention, and training of foster parents. Because of these and other accomplishments, we can now look at a wide variety of factors known to lead to improved welfare of these children beyond and separate from ongoing initiatives.

In developing this report, much thought was given to developing recommendations that could support ongoing change. It is always possible to follow the letter of rules and procedures, while the motivations that led to the expectations remain unrealized. Many of our recommendations are process-oriented and are ones that we feel can lead to continual exploration and improvements in care provided. Some are recommendations of a more concrete nature. Taken as a whole, this report is extended with the intention of leading to a more open, community-based, family-driven, friendly, cooperative, and flexible system of care.

There may never be enough financial resources to provide for all that can be done to adequately meet every Delaware child's needs; it is fortunate that evidence is strong that with the most effective processes and policies we can save money while improving the welfare of our most vulnerable children.

Knowing that any model of care is only as good as the enthusiastic commitment of its community and its stakeholders, we hope that this report can lead to the growth of a Delaware-specific system of care, building upon successes elsewhere as well as our own strengths, and developing in ways that reflect our own needs.

As there are many recommendations of varying immediacy, complexity and comprehensiveness, we wanted to highlight some specific recommendations. These are ones that have greatest likelihood of developing into processes that can support and maintain system growth and change, or ones that appear to have an impact upon a variety of system needs, or ones which can be implemented quickly in response to particular concerns. We have drawn these from the five categories of Recommendations, which begin on Page 11 of this report:

The following highlighted recommendations support the system of care becoming more community-centered, team-oriented, strength-based, and evidence-based: 1.1, 1.2, 2.1, 2.2, 2.3, 2.5, 2.7, 2.9, 3.1, 3.2, 3.3.

The following highlighted recommendations address ways of minimizing system-induced trauma: 1.3, 1.4, 1.6, 1.7, 2.4, 4.1, 4.2, 4.3, 4.10, 4.11, 5.1, 5.2, 5.3, 5.5, 5.8.

The following highlighted recommendations address immediate responses to several needs of foster parents: 1.7, 1.8, 4.5, 4.6, 4.7, 4.8, 5.5.

Finally, we stress the importance of Recommendation 3.5 regarding maintaining statutorily-set caseload standards.

II: History of the Foster Care Reform Planning Committee[1]

In striving to make Delaware's child protective system a model for the nation, in the fall of 2000, nonprofit organizations, community advocacy groups and state agencies joined forces to create a blueprint for a model foster care system that supports children and their caretakers. The Foster Care Reform Planning Committee, as the group was named, recognized that in order to adequately care for children, the child protection system must look beyond physical safety and expand its focus to provide for the emotional and academic well-being of children.

Forums were held throughout the state in the fall of 2000 to provide education about and generate interest in Delaware's foster care system. In January 2001, Governor Ruth Ann Minner created the Foster Care Task Force and invited participation from the Planning Committee. With the gubernatorial mandate to focus on issues of recruitment and retention of foster families, the Task Force published its recommendations in May 2001. The state's Division of Family Services has been moving toward implementation of those recommendations.

In 2002, the Committee sought to expand upon the Task Force's recommendations, which focused solely on the provision of services to children placed in out of home care, to include all children served by the state child protection agency, whether they are still in their homes of origin or being cared for by relatives, foster families, or in institutions. Henceforth, we will be referring to this as the **CHILD PROTECTION SYSTEM. This system, in our view, includes not only the public child protection agency (the Division of Family Services) but also includes all public and private agencies, community members and community-based resources who are involved with children and their families who have an open case with the Division of Family Services.**

The Committee hosted several focus groups with foster children, foster parents and Division of Family Services social workers and a series of statewide retreats to gather input to determine desirable outcomes for children involved in the child protection system and how best to achieve these outcomes. The following report represents the culmination of the Committee's three-year effort to create a model child protection system of care that best serves children and their families who are involved with the child protection system.

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[1] The name of the committee is a bit misleading for purposes of this document. As the bolded definition in the third paragraph of this Section seeks to clarify, our scope of review is not limited to children in *out-of-home* care but includes all children and families who have an open case with DFS, whether they are receiving services *inside* or *outside* of their home.

III. Our Approach to System Change

We have given a great deal of thought to what might be the best methods of engendering improvements in the Child Protection System. By Child Protection System, we refer to the varied people, agencies, and community members involved with the children who have an open case with the Division of Family Services (DFS). It became evident from the retreats and focus groups (as well as from our own understanding of change processes) that the task before us is not merely one of continuing to advocate for *more* of some particular types of programs or services, although this is a necessary aspect of change and reform.

Instead, the task we have set for ourselves is to help move the system in ways that will not only create change, but also result in self-sustaining change and growth that will ensure that Delaware's Foster Care System becomes and remains a best practice system of care. We recognize that fiscal responsibility is an important attribute in any public venture. While there are changes that we will recommend that would call for increased funding, many of our most significant recommendations call for processes that have been demonstrated in other states to provide high quality service while saving money, often through shortening out-of-home placements and demanding fewer institutional placements.

Change can develop in a variety of ways. It can be incremental and gradual or it can come in seeming leaps. It is clear that change demands cooperation, buy-in, and the belief that it will be helpful rather than problematic. Change imposed from the top can be successful, but it often founders on the rocks of old habits, resentments, resistance, and disbelief. Change imposed from below can be successful, but often runs into roadblocks arising from procedures, policies, and systemic habitual patterns and demands. It is also possible that mandating change, or instituting new procedures, may have effects that were unintended, sometimes to the detriment of the intended objectives.

It is not our intention to impose on the Delaware Child Protection System any particular model, theory, or approach, regardless of its apparent success elsewhere. Any model needs not only cooperation, but also enthusiasm, commitment, and energy to make it succeed. What we hope to do is to develop processes by which models which have demonstrated utility elsewhere can be transplanted in small ways, so that they can grow (or not) into a Delaware-specific system, responsive to our state's unique needs and strengths.

The Committee acknowledges that some of the recommendations we are proposing in this document are already in place or in the process of being implemented. Nonetheless, it is our intent that our recommendations be varied and comprehensive so as to retain saliency over time. Many of the recommendations are calls for process-oriented changes that will contribute (we hope and intend) to further improvements in the system of care in ways that will not demand new monies, can perhaps save money, and can lead to organic growth and change. Other recommendations are more content-based and reflect particular gaps in the existing system of care.

We begin by noting just a few of the strengths inherent in the Delaware Child Protection System. The first relates to people. There are many committed, generous, thoughtful, caring, skilled professionals and laypeople involved with our children and families. The great turn-outs for the focus groups and retreats is just one small bit of evidence to support this notion.

Second, we have a DFS system which is in substantial conformity with federally-measured systemic factors regarding the provision of foster care services. Furthermore, DFS and the Department of Services for Children Youth and their Families (DSCYF) as a whole is not satisfied with this, but is continuing to examine ways to improve services and outcomes. In addition, we have many good agencies, professionals, and other providers who have developed, individually and in conjunction with DSCYF, a variety of sound, useful, and well-run programs and services.

Despite these strengths, there are a number of challenges facing us as we offer this Blueprint for Excellence. These include but are not limited to:

- current fiscal difficulties;
- systemic barriers to a timely, coordinated system response;
- competing expectations (e.g. the federal standards relating to "permanency");
- perceptions and opinions about families and children in care; and
- the complexity of problems faced by families and difficulty empowering families.

In order to develop a model for system improvement, we are recommending a variety of mechanisms, processes, and activities. They are designed to help the system develop itself into a best practice model system. One kind of recommendation is the use of pilot programs as a tool to experiment with and demonstrate success prior to full implementation. This strategy has the advantage of allowing for validation without calling for an expensive system-wide investment.

Another kind of recommendation involves training and education of various system members. In our experience, system modifications or changes require extensive training and practice in new ways of thinking and new behaviors. Additionally, some of our recommendations concern the quantity and quality of feedback. It is our opinion that for organizational learning and change to occur, wide and varied information should be solicited from those both inside and outside the system.

Finally, we recognize that some of the enclosed recommendations include components and standards that expand upon federal requirements. Child Protection Systems to some degree must base outcomes upon meeting federally-imposed requirements such as those established by the Adoption and Safe Families Act. We congratulate the state for being in substantial compliance with federal standards; however, it is our position that federal standards are not the only, nor always the best, measures regarding how well we are meeting the needs of our children. As advocates for all our children, we seek a system of excellence where each child is safe and their needs are met.

IV: **Guiding Principles**

It is the aim to delineate a system that guarantees to all children and families who have an open case with the Division of Family Services a commitment to the following principles:

1. Children have a right to be safe from harm, and where a child's family, however defined, has failed to protect the child from harm or has placed the child at risk of harm, intervention is warranted to ensure the safety of the child, while remembering that:

- Safety does not necessarily equal out of home placement; the system's first goal is to provide those services which ensure the safety of the child while remaining in the home;
- Where a child cannot safely remain in their home, the system shall ensure a placement in the least restrictive, most home-like, and best-matched environment;
- If the facts of a particular case warrant a more restrictive placement, the system shall keep a detailed record as to why the least restrictive, most home-like placement was not appropriate.

2. Children thrive when they experience continuity of care and suffer when they experience disruptions in placement.

- It shall be a primary task of the system of care to ensure that a child's caregiver (parent, foster parent, relative or other) is adequately supported to prevent the need for a change in placement;
- When a change in a child's placement (removal from home or foster home) is unavoidable for reasons of safety, the system shall make every effort to:
  i. keep the child in their home community and school district;
  ii. keep the child with members of their sibling group, if appropriate; and
  iii. promote meaningful contact with family members, or persons with whom the child has family-like attachments, on terms responsive to each individual child's safety and attachment needs.
- Changes in placement shall be made, to the greatest extent possible, in a child-sensitive manner, utilizing evidence-based decision-making (e.g. assessment and matching tools, pre-placement trial visits, and graduated moves) to lessen the traumatic effect of such moves.

3. Given that a child's sense of time is different from an adult's sense of time, it is crucial that appropriate, specialized services are provided to families in a timely manner.

- When a child and family first comes to the attention of DFS (including those cases where removal from the home is not required) that child and family shall receive a comprehensive needs assessment that shall result in a narrowly tailored, coordinated service plan.
- The assessment shall ensure that the needs of the child and family are assessed and responded to across the following eight domains of child and family functioning: (1) risk/safety; (2) family/attachment; (3) physical needs/living arrangement; (4) health; (5) emotional/psychological needs; (6) educational/vocational needs; (7) socialization; and (8) cultural/spirituality.
- The assessment and case planning process shall be based upon interactions conducted within a strength-based philosophy, where the child/family interests, strengths, and capacities are understood, acknowledged, and utilized in developing an appropriate response to child and family needs.
- The system of care must be able to respond quickly, creatively, and in an individualized manner to child/family needs.
- The system of care must have consistent, supportive accountability to ensure that actions are timely, and support the strength-based philosophy.

4. The bedrock of strong families lies in strong communities, and it is a primary goal of the child protection system to encourage the statewide community to see children in the system as *our* children.

- The system shall build alliances with community agencies, organizations, and neighborhood representatives, and seek to link with existing resources to reach and support families in need.
- The system shall develop a broad and ever-expanding network of community resources as well as public and private flexible funding sources to ensure timely access to appropriate services.
- The system shall contain a network of specialized mental health services to holistically treat the needs of children in foster care.

5. Family strengthening is a primary goal of a model child protection system.

- The system will seek to use family group conferencing, empowerment training, wraparound planning and other strength-based best practices approaches to service delivery which have been demonstrated to stem the flow of children into out of home care.

V. Suggestions and Recommendations

1.0. Communication and Coordination.

Consensus: Systems work best when there is a high degree of generalized knowledge, and enthusiastic cooperation among system members. This is especially challenging for systems that inherently involve conflicts, such as community standards versus family standards/needs.

What We Learned: There are many subdivisions within the broader child protection system of care including, but not limited to: DFS workers, DFS supervisors, Division of Child Mental Health workers, mental health care providers, Division of Youth Rehabilitative Services workers, foster parents, birth parents, birth families, foster children, group homes, courts, Court Appointed Special Advocates (CASA), Office of the Child Advocate (OCA), attorneys, etc. There is little coordination of services. Communication is fragmented between and among these groups. There is inadequate information collected and given to caregivers, such as foster parents, and to others involved in children's care. There is limited exploration of resources such as community members who could serve as informal supports. Little knowledge crosses subdivision boundaries, and there is no consensus regarding expectations. Finally, there are frequently unresolved conflicts among the divisions that interfere with timely, effective services. These include lack of consonance in what is being portrayed about system needs from the top administrators to the direct service workers, as well as competitive funding schemes that defeat truly cooperative effort.

Recommendation(s):

1.1. We recommend that the system of care adopt a "one child, one plan, one team" model of service delivery. This system of care philosophy is defined as a comprehensive, integrated service delivery system designed to meet the multiple and changing needs of children and their families. Core values of this philosophy specify that services should be *community-based, child-centered, family-driven, and culturally and linguistically competent*. The guiding principles specify that services should be:

- *Comprehensive*, incorporating a broad array of formal and informal services and supports;
- *Individualized*;
- Provided in the *least restrictive, appropriate setting*;
- *Coordinated* at both the system and service delivery level;
- Involve youth and families as *full partners*; and
- Emphasize *early identification and intervention.*

Inherent in the plan is that all children will have safe, nurturing places to live and grow up. *See Recommendations 2.8, 4.1, 4.2 and 5.2.*

1.2. We recommend that when a child is in a residential treatment facility, group home or institution, placement planning (e.g. trial visits) should begin for that child before they leave the facility. The child should not leave the facility, go to a shelter or any other short-term placement, and then start planning.

1.3. We recommend that the following information be developed and made routinely available to system participants:
    a. Children's Bill of Rights/Handbook.
    b. Birth Parent's Bill of Rights/Handbook.
    c. Foster Child's Bill of Rights/Handbook.
    d. Foster Parent's Bill of Rights/Handbook
1.4. We recommend the provision of mediation or alternative forms of dispute resolution prior to court involvement.
1.5. We recommend the creation and expansion of flexible funding[2] to allow for quick responsiveness to families without regard to territoriality or divisional conflicts.
1.6. We recommend that children's desires be sought and considered regarding potential placements. *See Recommendation 5.6.*
1.7. We recommend that foster parents be immediately provided with comprehensive information about each foster child to be placed in their home, including but not limited to: the child's history, likes, and dislikes, and comprehensive medical information.
1.8. We recommend the use of individualized "contracts" with foster parents to specify care and support(s) to be provided to each child placed in their home. *See Recommendation 5.6.*

2.0 Evidence-Based Service Delivery.

Consensus: There is a growing body of research-based evidence supporting different kinds of services and service philosophies. Our Child Protection System of Care should work towards excellence through adapting supported ideas.

What We Learned: Not uncommonly for large and disparate systems, it is difficult to provide flexible services and to utilize new methods of planning and treatment.

Recommendations:

2.1. We recommend the creation of a public/private partnership acting as an "Office of Research and Development", meeting at least quarterly, to review and examine best practices in the field of Child Welfare. This group will regularly disseminate information to the system of care and make recommendations as evidence-based ideas emerge. Protocols will be established for conveying information to the Training Committee. *See Recommendation 2.2.*
2.2. We recommend that a Training Committee be created across Divisions, including providers, foster parents, birth parents, and foster children. This Training Committee will review current training regimens for system members and suggest additions/changes. Training modules will be created by experts (including community members) and videotaped. These videotapes will be available for use by the audiences

[2] This term refers to funding that is available immediately (within a day's notice) upon a decision in the discretion of the treatment team (pursuant to established guidelines), that a child or family has an immediate need which funds can meet. In addition, flexible funding can mean appropriation of informal and formal community resources, such as donations, volunteer services, and sponsorships.

for which they were intended. In order to assess efficacy of the training, and to allow for credit for training hours to be given, mastery tests will evaluate levels of understanding of the presented materials.

2.3. We recommend an increased use of training materials focused on exploring issues of race and class, and the disproportionate representation of poor families and families of color in the child protective system, responsive to emerging data.

2.4. We recommend that training content addressing the developmental needs of children, including neurobiological development and its relationship to early stress, be continually re-assessed to take account of advances in social science knowledge.

2.5. We recommend increased use of training on the educational surrogate parent program to ensure that all children involved with DFS have an educational advocate, as needed.

2.6. We recommend that Family Court personnel and Department of Justice personnel be included in the training and education regarding needs of foster children, and on best practices and strength-based practices in use across the system.

2.7. We recommend establishing a pilot program to implement a strength-based, community-centered treatment philosophy, drawing from models such as VanDenBerg's Wraparound model, in treatment and planning service delivery. The treatment teams for each child and family included in the pilot will comprise members from across Divisions of the Department (depending on which Divisions are involved with each child and family), as well as community members who are selected on a case-by-case basis, responsive to the needs and attachments of the child and family for whom the service plan is being developed. The pilot will treat a limited number of families and utilize outcome measures that will inform the system regarding success in meeting a variety of standards, client satisfaction, and cost effectiveness measures.

2.8. We recommend that each child and family's treatment plan [based on the assessments that are done immediately upon identification by DFS (*see Recommendation 4.1*) and immediately upon a child's entering care (*see Recommendation 4.2*), as well as the evaluation done within 30 days of a child entering care (*see Recommendation 5.2*)] be continually revised to take account of new information and progress. The "final" working plan (*see Recommendation 1.1*) should address *all* eight domains of child and family functioning, including: (1) risk/safety; (2) family/attachment; (3) physical needs/living arrangement; (4) health; (5) emotional/psychological needs; (6) educational/vocational needs; (7) socialization; and (8) cultural/spirituality.

2.9. We recommend the introduction and dissemination of a community-centered philosophy that can expand and strengthen existing relationships with various service providers, community-based support and advocacy groups and individual community members.

3.0 Consumer Relations.

Consensus: In a system dealing with such powerful and emotional issues as child protection, parents' rights, family privacy, etc., it is certain that interactions will be fraught with temptations to fall into abrupt, rude, and non-constructive communications. Additionally, we know that many changes fail because of the natural tendency for behaviors to drift back into old patterns and habits. While the Department of Services for Children, Youth and their Families holds in high esteem as one of its core values a commitment to respect and caring, fidelity to models of expected behaviors can only be achieved through regular and consistent observance.

What We Learned: Despite Departmental expectations regarding politeness and supportive interactions, there were many reported instances of perceived rudeness, debasing comments, and insulting interactions. These were primarily reported relative to DFS workers, but included the Divisions of Child Mental Health and Youth Rehabilitative Services staff as well.

Recommendations:

3.1. We recommend that training on strength-based interactions, communication skills, verbal de-escalation, and cultural competency be routinely provided to staff.

3.2. We recommend that training given to direct service caseworkers be routinely and regularly updated to take account of emerging data explaining and responding to the disproportionate representation of poor children and children of color in public child protection systems, to ensure the sensitivity and appropriateness of service delivery. *See Recommendation 2.3.*

3.3. We recommend that the Training Committee (*see Recommendation 2.2*) develop client satisfaction questionnaires that will be given at regular intervals to some percentage of children, birth parents, foster parents, and other relevant constituencies. This information will be collected and used to assess training and service needs.

3.4. We recommend a quality assurance panel to create increased and ongoing feedback regarding interactions at the service delivery and treatment planning levels throughout the system of care. A team of objective and trained observers, made up of persons who are not directly employed by any state agency, will follow specific children and their families through their journey in the system by observing interactions and interviewing participants. They will observe a random number of actual experiences, including direct interactions with family members and system personnel as well as interactions among system personnel in planning meetings. Feedback will be given to staff and appropriate supervisors. Additionally, data will be aggregated while preserving confidentiality, and this data will be made available to system administrators to assist in training planning.

3.5. We recommend that manageable caseloads as established by Senate Bill 142 be enforced and remain a primary factor in system assessment.

4.0 Managing Transitions.

Consensus: Abuse, neglect, and transitions are stressful and potentially traumatic for children. The system of care needs to be highly responsive at moments of transition, and provide for timely assessment of and treatment for emotional needs.

What We Learned: Children spoke of being abruptly removed from homes, of being left in the dark about where they were going, of not being able to take important transitional objects and important belongings, of not knowing their rights, or what to expect from the future. We were told of lengthy waits for mental health services, of a lack of assessment and treatment planning by DFS regarding many of the eight domains of child/family functioning, and of a

lack of child/family involvement in talking about their needs. Children spoke of feeling "abandoned" by workers who were unable, because of other responsibilities, to accomplish tasks such as purchasing shoes or taking a child to see her sibling.

Recommendations:

4.1. We recommend that when a child and family first comes to the attention of DFS (including those cases where removal from the home is not required) that child and family shall receive a comprehensive family needs assessment that shall result in a narrowly tailored, coordinated service plan.

4.2. We recommend that children removed from their homes be given an immediate screening (within 48 hours) for mental health needs and substance abuse risk.

4.3. We recommend that competency and capacity of mental health and substance abuse services be expanded to ensure timely, appropriate responsiveness to all referrals.

4.4. We recommend that specific training be given to workers removing children from homes that will ensure that children are encouraged to take important objects with them, that they understand where they are going, why, and what will be happening in the future. This communication needs to be developmentally appropriate.

4.5. We recommend the recruitment of school-based and community-based mentors who can provide consistency through multiple transitions.

4.6. We recommend the use of existing community programs and volunteers for the development of day placement opportunities for suspended youth and other youth in transition to avoid wherever possible children spending time in offices for lack of a better placement option.

4.7. We recommend the creation of a "Resource Closet" which can be used to provide foster parents with needed items on an immediate basis, such as clothes, foods, diapers, car seats, etc., and/or that flexible funding can be accessed within 24 hours. *See Recommendation 1.5.*

4.8. We recommend that anyone who is responsible for transporting a child of an age to need a car seat shall be provided with an appropriate car seat.

4.9. We recommend the development of protocols to allow foster parents to obtain emergency medical care for children in their care if DFS personnel are not immediately available.

4.10. We recommend the creation and/or expansion of opportunities for volunteer involvement in the child protection system (e.g. using volunteers for transportation and child care).

4.11. We recommend that children be maintained in their schools either through expanded use of the McKinney-Vento Act[3] or by changing current policies and practices. *See Recommendation 5.9.*

4.12. We recommend that the maximum allowable number of days in temporary care (i.e. shelters or emergency foster homes) be limited to 30 days (although 15 days is optimal). Stop "short-term placement hopping" (where kids stay in one short-term placement for 30 days and then leave and go to another short-term placement for 30 days.) *See Recommendations 5.1, 5.2 and 5.3.*

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[3] The McKinney-Vento Homeless Assistance Act, Subtitle VII-B, is the federal law that entitles children who are homeless to a free, appropriate public education, and requires schools to remove barriers to their enrollment, attendance, and success in school. (For the full Act see 42 U.S.C. § 11431 et seq.)

5.0 Continuity of Care.

Consensus: It is accepted that children tend to fare best when their primary affective (i.e. emotional) bonds remain as intact as possible. Furthermore, children who are allowed and enabled to maintain family and community relationships often bring with them resources that can drastically reduce the cost of professional services and placements and can help children develop key resilience to better manage inevitable transitions. Research indicates that there are significantly fewer changes in placement and episodes involving expensive "deep end" mental health services for children who receive care that utilizes and develops these natural resources.

What We Learned: For many reasons, such as the lack of sufficient geographically dispersed foster placements, children are often placed in settings far from family, from their original school, and from their native community. In addition, many children suffer repeated placement failures, compounding existing trauma from an initial out-of-home placement. Certain factors are linked to greater placement instability. These include:[4]

- An insufficient number or type (e.g. therapeutic) of foster homes;
- Inability to match the needs of children with the skills and training of foster parents;
- Inability to provide support or services (e.g. training, respite, worker visits);
- Inability to assess a child's health care needs and to provide the child with mental health services of sufficient duration, level, and intensity; and
- Inability to include foster parents as a member of the "team".

Recommendations:

5.1 We recommend that making appropriate matches between children and foster or other placements be a priority in placement decisions with the goal of reducing the number of overall placements.[5]

5.2 We recommend that a comprehensive assessment and evaluation of children's physical and mental health needs be done on all children within 30 days of entering foster care. This will include but not be limited to psycho-social and psycho-educational evaluations which will allow for better placement matches as well as assist in accomplishing treatment plan objectives.

5.3 We recommend that shelters or other short-term placements be used as needed to allow for more thorough matching of children with foster placements.

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[4] These are drawn from "Child and Family Services Reviews: An Ongoing Series; Part II: An Examination of Placement and Visitation", *Youth Law News*, January-March 2003, at 18. However, they mirror what we found in conducting our focus groups and retreats. With respect to poor matching of child with foster family, the reviewers in Delaware found that "[I]n some cases examined, the child's history was not provided to service providers. Cases showed that important issues for the foster family to know about, such as substance abuse, past sexual abuse and grief/loss issues were not identified." *Id.* at 19 (citing Delaware Final Report, p. 39).

[5] We recognize that this may prove problematic for purposes of meeting Child and Family Service Review standards because even a short-term placement, used for assessment and matching purposes, counts as a "placement" according to these standards.

5.4 We recommend the continuation of efforts to recruit and retain foster parents with special attention to the development of therapeutic foster homes (homes with more training, services, and supports to better meet the emotional and behavioral needs of the children placed in care).

5.5 We recommend the expansion of options for respite care through community recruitment.

5.6 We recommend establishing and maintaining systems that reward foster children and foster parents for successfully maintaining placements.

5.7 We recommend an expanded use of the full continuum of permanency options, including open adoption, subsidized guardianship, relative and kinship care placements (honoring family-like relationships which may not be defined by blood) to boost permanency rates.

5.8 We recommend that guidelines for visiting not only parents but also other family members (especially siblings) and significant support persons be developed and scrupulously maintained.

5.9 We recommend interpreting the McKinney-Vento Act protections to include foster children. *See Footnote 3.*

5.10 We recommend that the "Office of Research and Development" (*see Recommendation 2.1*) develop a list of outcomes to be measured regarding the system of care's responding to children's need for continuity regarding affective bonds.

VI. Conclusion

In conclusion, the Foster Care Reform Planning Committee offers this Blueprint for Excellence with the highest hopes that its observations and recommendations will be reflected upon and incorporated into the day-to-day practice of our child protection system. Our hope is not blind to the fact that public child welfare systems have historically been cyclical in their approach to change and that maintaining continuity over time has proven an immense challenge for these systems. Instead, we believe that by grounding this reform effort in the inherent strengths of our unique communities we can best assure continuous quality improvement. It is our hope that the changes we recommend in this document will at the very least help the system to develop processes to continuously gather, examine, and integrate best practices toward the end of creating a more sustained safety net for our children and families in the future.

The Committee is committed to ensuring that the recommendations offered in this blueprint do not fall to the wayside as administrations shift, economies pinch, or political realities bear down. The causes of inertia and stagnation in public child welfare systems are varied and elusive. As with any public system, changes in administrations bring with them new vision and new agendas. Undoubtedly, there is a concern about the cost of providing aid to the growing numbers in our child welfare system. Finally, and not least importantly, we must note a certain amount of ambivalence about how much we as a society have chosen to prioritize humane care of our poorest children and families. We wish to emphasize that many of the processes we are suggesting have been proven to result in overall cost savings.

The Foster Care Reform Planning Committee will continue to meet on a regular basis to serve as an advocacy committee. Our goal is to see that the recommendations we are proposing are integrated into the service delivery system. We continue to invite the participation and endorsement of the Department of Services for Children, Youth and their Families and of the Office of the Governor. Their support to date has been invaluable. In addition, we look forward to continued and expanded partnering with the Child Protection Accountability Commission. There is a great deal of work to be done, and the more hands we have in the struggle, the greater the likelihood that we will be able to effect positive change for the children and families who need us the most.